

This schedule applies to participating CAREINGTON General Dentists and should be used to establish the maximum fee that will be charged for each listed procedure. Fee Schedules are determined by the zip code of the participating provider. Member is responsible for full payment for all charges at the time of service. Lab fees are the full responsibility of the member and are subject to no discount. Procedures not listed on this schedule will be offered to the member at a 20% discount off of the participating General Dentist's usual fee for that procedure. If the participating General Dentist's usual fee is less than the fee listed on this schedule, the member will receive a 20% discount off of the participating General Dentist's usual fee for that procedure. Participating CAREINGTON Specialists (Board Certified or Advanced Degree) do not use this fee schedule. All participating CAREINGTON Specialists will give members a 20% discount off of their usual fees. If you have any questions, please call 800-441-0380 and ask to speak to a Network Development Quality Assurance Representative.

Code	Description	Fee	Code	Description	Fee
Diagnostic			2664	Onlay-Composite/Resin-Four or More Surfaces	\$402.00
0120	Periodic Oral Evaluation	\$21.00	2710	Crown-Resin-Based Composite (Indirect)	\$190.00
0140	Limited Oral Evaluation-Problem Focused	\$35.00	2720	Crown-Resin with High Noble Metal	\$523.00
0150	Comprehensive Oral Evaluation-New or Established Patient	\$36.00	2721	Crown-Resin with Predominantly Base Metal	\$490.00
0160	Detailed and Extensive Oral Evaluation-Problem Focused-By Report	\$101.00	2722	Crown-Resin with Noble Metal	\$501.00
0170	Re-Evaluation-Limited-Problem Focused	\$26.00	2740	Crown-Porcelain/Ceramic Substrate	\$535.00
0180	Comprehensive Periodontal Evaluation-New or Established Patient	\$28.00	2750	Crown-Porcelain Fused to High Noble Metal	\$529.00
0210	Intraoral-Complete Series Including Bitewings	\$62.00	2751	Crown-Porcelain Fused to Predominantly Base Metal	\$493.00
0220	Intraoral-Periapical-First Film	\$12.00	2752	Crown-Porcelain Fused to Noble Metal	\$504.00
0230	Intraoral-Periapical-Each Additional Film	\$9.00	2780	Crown-3/4 Cast to High Noble Metal	\$518.00
0240	Intraoral-Occlusal Film	\$17.00	2781	Crown-3/4 Cast to Predominantly Base Metal	\$498.00
0250	Extraoral-First Film	\$24.00	2782	Crown-3/4 Cast Noble Metal	\$516.00
0260	Extraoral-Each Additional Film	\$23.00	2783	Crown-3/4 Porcelain/Ceramic (Does not include facial veneers)	\$549.00
0270	Bitewing-Single Film	\$12.00	2790	Crown-Full Cast High Noble Metal	\$510.00
0272	Bitewings-Two Films	\$19.00	2791	Crown-Full Cast Predominantly Base Metal	\$486.00
0274	Bitewings-Four Films	\$27.00	2792	Crown-Full Cast Noble Metal	\$494.00
0277	Vertical Bitewings-7 to 8 Films	\$35.00	2910	Recement Inlay, Onlay, or Partial Coverage Restoration	\$44.00
0330	Panoramic Film	\$50.00	2920	Recement Crown	\$46.00
0340	Cephalometric Film	\$62.00	2930	Prefabricated Stainless Steel Crown-Primary	\$125.00
0350	Oral/Facial Photographic Images	\$29.00	2931	Prefabricated Stainless Steel Crown-Permanent	\$141.00
0460	Pulp Vitality Tests	\$25.00	2932	Prefabricated Resin Crown	\$153.00
0470	Diagnostic Casts	\$52.00	2933	Prefabricated Stainless Steel Crown with Resin Window	\$172.00
Preventive			2940	Sedative Filling	\$48.00
1110	Prophylaxis-Adult	\$41.00	2950	Core Build-Up, Including Any Pins	\$119.00
1120	Prophylaxis-Child	\$29.00	2951	Pin Retention/Tooth, In Addition to Restoration	\$25.00
1201	Topical Application of Fluoride Including Prophylaxis-Child	\$43.00	2952	Cast Post and Core In Addition to Crown	\$182.00
1203	Topical Application of Fluoride Not Including Prophylaxis-Child	\$17.00	2953	Each Additional Cast Post-Same Tooth	\$115.00
1204	Topical Application of Fluoride Not Including Prophylaxis-Adult	\$18.00	2954	Prefabricated Post and Core in Addition to Crown	\$150.00
1205	Topical Application of Fluoride Including Prophylaxis-Adult	\$50.00	2955	Post Removal Not in Conjunction with Endodontic Therapy	\$113.00
1330	Oral Hygiene Instructions	\$30.00	2957	Each Additional Prefabricated Post-Same Tooth	\$55.00
1351	Sealant-Per Tooth	\$23.00	2960	Labial Veneer (Laminate)-Chairside	\$368.00
1510	Space Maintainer-Fixed-Unilateral	\$147.00	Endodontics		
1515	Space Maintainer-Fixed-Bilateral	\$194.00	3110	Pulp Cap-Direct (Excluding Final Restoration)	\$33.00
1520	Space Maintainer-Removable-Unilateral	\$182.00	3120	Pulp Cap-Indirect (Excluding Final Restoration)	\$26.00
1525	Space Maintainer-Removable-Bilateral	\$250.00	3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$77.00
1550	Recementation of Space Maintainer	\$32.00	3221	Pulpal Debridement- Primary and Permanent Teeth	\$76.00
Restorative			3230	Pulpal Therapy-Resorbable Filling-Anterior Primary Tooth	\$81.00
2140	Amalgam-One Surface, Primary or Permanent	\$56.00	3240	Pulpal Therapy Resorbable Filling-Posterior Primary Tooth	\$87.00
2150	Amalgam-Two Surfaces, Primary or Permanent	\$72.00	3310	Root Canal-Anterior (Excluding Final Restoration)	\$325.00
2160	Amalgam-Three Surfaces, Primary or Permanent	\$87.00	3320	Root Canal-Bicuspid (Excluding Final Restoration)	\$397.00
2161	Amalgam-Four or More Surfaces, Primary or Permanent	\$106.00	3330	Root Canal-Molar (Excluding Final Restoration)	\$512.00
2330	Resin-Based Composite-One Surface, Anterior	\$65.00	3331	Treatment of Root Canal Obstruction-Non-Surgical Access	\$173.00
2331	Resin-Based Composite-Two Surfaces, Anterior	\$83.00	3332	Incomplete Endodontic Therapy-Inoperable, Unrestorable or Fractured Tooth	\$143.00
2332	Resin-Based Composite-Three Surfaces, Anterior	\$101.00	3333	Internal Root Repair of Perforation Defects	\$87.00
2335	Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior	\$120.00	3346	Retreatment Previous Root Canal Therapy-Anterior	\$437.00
2390	Resin-Based Composite Crown, Anterior	\$170.00	3347	Retreatment Previous Root Canal Therapy-Bicuspid	\$515.00
2391	Resin-Based Composite-One Surface, Posterior	\$73.00	3348	Retreatment Previous Root Canal Therapy-Molar	\$620.00
2392	Resin-Based Composite-Two Surfaces, Posterior	\$101.00	3351	Apexification/Recalcification-Initial Visit	\$184.00
2393	Resin-Based Composite-Three Surfaces, Posterior	\$126.00	3352	Apexification/Recalcification-Interim Medication Replacement	\$81.00
2394	Resin-Based Composite-Four or More Surfaces, Posterior	\$131.00	3353	Apexification/Recalcification-Final Visit	\$272.00
2510	Inlay-Metallic-One Surface	\$307.00	3410	Apicoectomy/Periradicular Surgery-Anterior	\$372.00
2520	Inlay-Metallic-Two Surfaces	\$348.00	3421	Apicoectomy/Periradicular Surgery-Bicuspid (First Root)	\$406.00
2530	Inlay-Metallic-Three or More Surfaces	\$401.00	3425	Apicoectomy/Periradicular Surgery-Molar (First Root)	\$459.00
2542	Onlay-Metallic-Two Surfaces	\$368.00	3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$153.00
2543	Onlay-Metallic-Three Surfaces	\$412.00	3430	Retrograde Filling-Per Root	\$112.00
2544	Onlay-Metallic-Four or More Surfaces	\$428.00	3450	Root Amputation-Per Root	\$228.00
2610	Inlay-Porcelain/Ceramic-One Surface	\$361.00	3470	Intentional Reimplantation (Including Necessary Splinting)	\$455.00
2620	Inlay-Porcelain/Ceramic-Two Surfaces	\$381.00	3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$59.00
2630	Inlay-Porcelain/Ceramic-Three or More Surfaces	\$406.00	3920	Hemisection-Including Root Removal, Not Including Root Canal	\$178.00
2642	Onlay-Porcelain/Ceramic-Two Surfaces	\$394.00	3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$81.00
2643	Onlay-Porcelain/Ceramic-Three Surfaces	\$425.00	Periodontics		
2644	Onlay-Porcelain/Ceramic-Four or More Surfaces	\$451.00	Gingivectomy or Gingivoplasty-Four or More Contiguous Teeth or Bounded Teeth		
2650	Inlay-Composite/Resin-One Surface	\$237.00	4210	Spaces Per Quadrant	\$317.00
2651	Inlay-Composite/Resin-Two Surfaces	\$283.00	Gingivectomy or Gingivoplasty-One to Three Contiguous Teeth or Bounded Teeth		
2652	Inlay-Composite/Resin-Three or More Surfaces	\$297.00	4211	Spaces Per Quadrant	\$85.00
2662	Onlay-Composite/Resin-Two Surfaces	\$376.00	Gingival Flap Procedure, Including Root Planing-Four or More Contiguous Teeth		
2663	Onlay-Composite/Resin-Three Surfaces	\$383.00	4240	or Bounded Teeth Spaces Per Quadrant	\$374.00
			Gingival Flap Procedure, Including Root Planing-One to Three Contiguous Teeth		
			4241	or Bounded Teeth Spaces Per Quadrant	\$270.00
			4245	Apically Positioned Flap	\$338.00
			4249	Clinical Crown Lengthening-Hard Tissue	\$427.00

Osseous Surgery (Including Flap Entry and Closure)-Four or More Contiguous			6783	Crown-Retainer 3/4 Porcelain/Ceramic	\$426.00
4260	Teeth or Bounded Teeth Spaces Per Quadrant	\$603.00			
Osseous Surgery (Including Flap Entry and Closure)-One to Three Contiguous			6790	Crown-Retainer-Full Cast High Noble Metal	\$480.00
4261	Teeth or Bounded Teeth Spaces Per Quadrant	\$347.00	6791	Crown-Retainer-Full Cast Predominantly Base Metal	\$455.00
4263	Bone Replacement Graft-First Site in Quadrant	\$182.00	6792	Crown-Retainer-Full Cast Noble Metal	\$472.00
4264	Bone Replacement Graft-Each Additional Site in Quadrant	\$91.00	6930	Recement Fixed Partial Denture	\$58.00
4266	Guided Tissue Regeneration-Resorbable Barrier per Site	\$220.00	6970	Cast Post and Core/Addition to Bridge Retainer	\$161.00
4267	Guided Tissue Regeneration-Nonresorbable Barrier per Site	\$283.00	6971	Cast Post Part of Bridge Retainer	\$142.00
4268	Surgical Revision Procedure, per Tooth	\$342.00	6972	Prefabricated Post and Core in Addition to Bridge Retainer	\$131.00
4270	Pedicle Soft Tissue Graft Procedure	\$446.00	6973	Core Buildup for Retainer, Including Any Pins	\$105.00
4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$459.00	6975	Coping-Metal	\$289.00
4320	Provisional Splinting-Intracoronal	\$202.00	6976	Each Additional Cast Post-Same Tooth	\$105.00
4321	Provisional Splinting-Extracoronal	\$176.00	6977	Each Additional Prefabricated Post-Same Tooth	\$64.00
4341	Periodontal Scaling and Root Planing-Four or More Teeth Per Quadrant	\$109.00	Oral Surgery		
4342	Periodontal Scaling and Root Planing-One to Three Teeth Per Quadrant	\$53.00	7111	Extraction, Coronal Remnants - Deciduous Tooth	\$57.00
4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$73.00			
4910	Periodontal Maintenance	\$65.00	7140	Extraction-Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$68.00
4920	Unscheduled Dressing Change (Not by Treating Dentist)	\$56.00	7210	and Removal of Bone and/or Section of Tooth	\$121.00
Prosthodontics (removable)			7220	Removal of Impacted Tooth-Soft Tissue	\$135.00
5110	Complete Denture-Maxillary	\$696.00	7230	Removal of Impacted Tooth-Partially Bony	\$180.00
5120	Complete Denture-Mandibular	\$696.00	7240	Removal of Impacted Tooth-Completely Bony	\$211.00
5130	Immediate Denture-Maxillary	\$759.00	7241	Removal of Impacted Tooth-Completely Bony with Unusual Complications	\$266.00
5140	Immediate Denture-Mandibular	\$759.00	7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$114.00
5211	Maxillary Partial Denture-Resin Base (Clasp/Rests)	\$683.00	7270	Reimplantation or Stabilization of Accidentally Evulsed or Displaced Tooth	\$232.00
5212	Mandibular Partial Denture-Resin Base (Clasp/Rests)	\$683.00	7272	Tooth Transplantation	\$264.00
5213	Maxillary Partial Denture-Metal Frame with Resin Base	\$769.00	7280	Surgical Access of an Unerrupted Tooth	\$254.00
5214	Mandibular Partial Denture-Metal Frame with Resin Base	\$769.00	7285	Biopsy of Oral Tissue-Hard (Bone, Tooth)	\$450.00
5281	Removable Unilateral Partial Denture-One Piece Cast Metal	\$448.00	7286	Biopsy of Oral Tissue-Soft	\$185.00
5410	Adjust Complete Denture-Maxillary	\$38.00	7310	Alveoloplasty in Conjunction with Extractions-Per Quadrant	\$126.00
5411	Adjust Complete Denture-Mandibular	\$38.00	7320	Alveoloplasty Not in Conjunction with Extractions-Per Quadrant	\$562.00
5421	Adjust Partial Denture-Maxillary	\$38.00	7450	Removal of Benign Odontogenic Cyst or Tumor < 1.25 CM	\$401.00
5422	Adjust Partial Denture-Mandibular	\$38.00	7451	Removal of Benign Odontogenic Cyst or Tumor > 1.25 CM	\$630.00
5510	Repair Broken Complete Denture Base	\$76.00	7460	Removal of Benign Nonodontogenic Cyst or Tumor < 1.25 CM	\$401.00
5520	Replace Missing or Broken Teeth-Complete Denture (Each Tooth)	\$63.00	7461	Removal of Benign Nonodontogenic Cyst or Tumor > 1.25 CM	\$630.00
5610	Repair Resin Denture Base	\$83.00	7510	Incision and Drainage Abscess-Intraoral Soft Tissue	\$120.00
5620	Repair Cast Framework, Partial Denture	\$89.00	7910	Suture of Recent Small Wounds up to 5 CM	\$184.00
5630	Repair or Replace Broken Clasp, Partial Denture	\$108.00	7911	Complicated Suture up to 5 CM, Meticulous Closure	\$458.00
5640	Replace Broken Teeth-Per Tooth, Partial Denture	\$70.00	7912	Complicated Suture Greater Than 5 CM, Meticulous Closure	\$475.00
5650	Add Tooth to Existing Partial Denture	\$95.00	7960	Frenulectomy (Frenectomy/Frenotomy) Separate Procedure	\$265.00
5660	Add Clasp to Existing Partial Denture	\$114.00	7970	Excision of Hyperplastic Tissue/Per Arch	\$273.00
5710	Rebase Complete Maxillary Denture	\$283.00	7971	Excision of Pericoronal Gingiva	\$87.00
5711	Rebase Complete Mandibular Denture	\$270.00	Orthodontics		
5720	Rebase Maxillary Partial Denture	\$267.00	8010	Limited Orthodontic Treatment of the Primary Dentition	20% Discount
5721	Rebase Mandibular Partial Denture	\$267.00	8020	Limited Orthodontic Treatment of the Transitional Dentition	20% Discount
5730	Reline Complete Maxillary Denture (Chairside)	\$159.00	8030	Limited Orthodontic Treatment of the Adolescent Dentition	20% Discount
5731	Reline Complete Mandibular Denture (Chairside)	\$159.00	8040	Limited Orthodontic Treatment of the Adult Dentition	20% Discount
5740	Reline Maxillary Partial Denture (Chairside)	\$146.00	8050	Interceptive Orthodontic Treatment of the Primary Dentition	20% Discount
5741	Reline Mandibular Partial Denture (Chairside)	\$146.00	8060	Interceptive Orthodontic Treatment of the Transitional Dentition	20% Discount
5750	Reline Complete Maxillary Denture (Laboratory)	\$213.00	8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	20% Discount
5751	Reline Complete Mandibular Denture (Laboratory)	\$213.00	8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	20% Discount
5760	Reline Maxillary Partial Denture (Laboratory)	\$210.00	8090	Comprehensive Orthodontic Treatment of the Adult Dentition	20% Discount
5761	Reline Mandibular Partial Denture (Laboratory)	\$210.00	8210	Removable Appliance Therapy	20% Discount
5810	Interim Complete Denture-Maxillary	\$344.00	8660	Pre-Orthodontic Treatment Visit	20% Discount
5811	Interim Complete Denture-Mandibular	\$344.00	Adjunctive Services		
5820	Interim Partial Denture-Maxillary	\$276.00	9110	Palliative (Emergency) Treatment-Dental Pain-Minor Procedure	\$48.00
5821	Interim Partial Denture-Mandibular	\$276.00	9211	Regional Block Anesthesia	\$22.00
5850	Tissue Conditioning-Maxillary	\$67.00	9215	Local Anesthesia	\$15.00
5851	Tissue Conditioning-Mandibular	\$67.00	9230	Analgesia	\$26.00
Prosthodontics (fixed)			Consultation (Diagnostic Service by Dentist or Physician Other Than Practitioner		
6210	Pontic-Cast High Noble Metal	\$441.00	9310	Providing Treatment)	\$102.00
6211	Pontic-Cast Predominantly Base Metal	\$414.00	9410	Professional Visit-House Call	\$135.00
6212	Pontic-Cast Noble Metal	\$430.00	9420	Professional Visit-Hospital Call	\$186.00
6240	Pontic-Porcelain Fused to High Noble Metal	\$436.00	9430	Office Visit for Observation (Regular Hours) No Other Services Performed	\$34.00
6241	Pontic-Porcelain Fused to Predominantly Base Metal	\$403.00	9440	Office Visit-After Regular Hours	\$62.00
6242	Pontic-Porcelain Fused to Noble Metal	\$425.00	9910	Application-Desensitizing Medicament	\$22.00
6245	Pontic-Porcelain/Ceramic	\$433.00	9911	Application-Desensitizing Resin for Cervical and/or Root Surface	\$31.00
6250	Pontic-Resin with High Noble Metal	\$430.00	9941	Fabrication of Athletic Mouthguard	\$77.00
6251	Pontic-Resin with Predominantly Base Metal	\$397.00	9950	Occlusion Analysis-Mounted Case	\$135.00
6252	Pontic-Resin with Noble Metal	\$410.00	9951	Occlusal Adjustment-Limited	\$61.00
6545	Retainer-Cast Metal for Resin Bonded Fixed Prosthesis	\$183.00	9952	Occlusal Adjustment-Complete	\$346.00
6548	Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$389.00	9970	Enamel Microabrasion	\$24.00
6720	Crown-Bridge Retainer-Resin with High Noble Metal	\$486.00			
6721	Crown-Bridge Retainer-Resin Predominantly Base Metal	\$461.00			
6722	Crown-Resin with Noble Metal	\$469.00			
6740	Crown-Porcelain/Ceramic	\$439.00			
6750	Crown-Retainer-Porcelain Fused to High Noble Metal	\$497.00			
6751	Crown-Retainer-Porcelain Fused to Predominantly Base Metal	\$464.00			
6752	Crown-Retainer-Porcelain Fused to Noble Metal	\$475.00			
6780	Crown-Retainer 3/4 Cast High Noble Metal	\$469.00			
6781	Crown-Retainer 3/4 Predominantly Base Metal	\$414.00			
6782	Crown-Retainer 3/4 Cast Noble Metal	\$418.00			